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PTO/SB/21 (08-00)

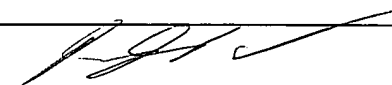
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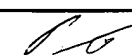
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/043,337	
	Filing Date	January 14, 2002	
	First Named Inventor	Wayne Ernest Conrad	
	Group Art Unit	1724	
	Examiner Name	Richard L. Chiesa	
Total Number of Pages in This Submission		Attorney Docket Number	12811-039

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	BERESKIN & PARR
Signature	
Date	May 8, 2003

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <input type="text"/>			
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FEE TRANSMITTAL
for FY 2003

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 180.00**Complete if Known**

Application Number	10/043,337
Filing Date	January 14, 2002
First Named Inventor	Wayne Ernest Conrad
Examiner Name	Richard L. Chiesa
Art Unit	1724
Attorney Docket No.	12811-039

METHOD OF PAYMENT (check all that apply)
☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None
☒ Deposit Account:Deposit
Account
Number
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022095

Bereskin & Parr

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments
☐ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.
FEE CALCULATION**1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1) (\$)					0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims		- 20 ** =		X		=	0
Independent Claims		- 3 ** =		X		=	0
Multiple Dependent						=	

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple dependent claim, if not paid	
1204	84	2204	42	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)					0

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	180.00
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37 CFR 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 180.00**SUBMITTED BY**

Name (Print/Type)	Philip C. Mendes da Costa	Registration No. (Attorney/Agent)	33,106	Telephone	(416) 364-7311
Signature		Date	May 8, 2003		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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Barristers and Solicitors/Patent and Trade Mark Agents **11**
Practice Restricted to Intellectual Property Law

May 7, 2003

Philip C. Mendes da Costa
B.Sc. (Chem. Eng.), LL.B.
416 957 1695 pmdcosta@bereskinparr.com **1W**
5-16-03

Your Reference: 10/043,337
Our Reference: 12811-039

TECHNOLOGY CENTER 1700

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**INFORMATION DISCLOSURE
STATEMENT UNDER CFR 1.56 and CFR 1.97(c)**

Commissioner for Patents
P. O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sirs:

Re: United States Patent Application No. 10/043,337
For: VACUUM CLEANER UTILIZING ELECTROSTATIC FILTRATION AND
ELECTROSTATIC PRECEIPTATOR FOR USE THEREIN
Filed: January 14, 2002
Applicant: Wayne Ernest Conrad

In accordance with 37 CFR 1.97 and 1.98, and in recognition of the duty of disclosure set forth in 37 CFR 1.56, applicant hereby submits a Supplemental Information Disclosure Statement including (1) a listing of patents and other publications of which applicant is aware on form PTO-1449; (2) a copy of each listed item.

This Supplemental Information Disclosure Statement is filed subsequent to the issuance of the first Office Action but prior to the issuance of either a Final Action or a Notice of Allowance.

The prescribed fee of \$180.00 is enclosed in our cheque number 5119. Please deduct any additional fees which may be required or remit any excess fees, to our deposit account no. 02-2095.

05/19/2003 TWOODRUF 00000001 10043337

01 FC:1806

180.00 0p

please send your reply to:

Scotia Plaza, 40 King Street West, 40th Floor
Toronto, Ontario, Canada M5H 3Y2
416 364 7311 fax: 416 361 1398

Meadowvale Corporate Centre, 2000 Argentia Road
Plaza 4, Suite 430, Mississauga, Ontario, Canada L5N 1W1
905 812 3600 fax: 905 814 0031

www.bereskinparr.com

In view of the foregoing, it is respectfully submitted that the Supplemental Information Disclosure Statement should be considered at this time by the Examiner.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Philip C. Mendes da Costa', with a long horizontal stroke extending to the right.

Philip C. Mendes da Costa
Registration No. 33,106

/pd

Encl.